



2026-2027
Request for Dependency
Status Change

Financial Aid Office
444 Western Blvd
Jacksonville, NC 28546-6816
Fax: 910-455-2767
Email: finaid@coastalcarolina.edu

Student Name: _____ SS#: _____

Under Federal law, to the extent they are able, your family is primarily responsible for paying for your educational expenses. To determine how much your family can afford to pay towards your educational expenses, we must collect your financial information and your parents' financial information. Completion and submission of this form does not guarantee a change in your status from Dependent to Independent.

If you do not meet the criteria, you will be evaluated as a dependent student. Your parents must provide income and asset information if you are evaluated as a dependent student.

Federal law does allow for **some exceptions**, if you have special circumstances. The following are examples of some special circumstances where you may submit your FAFSA without providing parental information:

- Your parents are incarcerated
- You have left home due to an abusive family environment
- You do not know where your parents are and are unable to contact them and you have not been adopted.

The situations listed below are **not considered** special circumstances:

- Your parents do not want to or will not provide their information on your Free Application for Federal Student Aid (FAFSA) or during the Verification process.
- Your parents refuse to contribute to your educational expenses.
- Your parents do not claim you as a dependent on their income taxes.
- You do not live with your parents.
- You demonstrate you are self-supporting.
- You do not wish to communicate with your parents.

You will need to complete the attached forms to document your status.

2026-2027 REFERENCE WORKSHEET FOR UNUSUAL CIRCUMSTANCE

This form should be **completed by a family member or family** friend who has first-hand knowledge of the student's situation and who can corroborate and verify the circumstances that necessitate the student's application for an Unusual Circumstance. *(Make additional copies of this form as necessary. Attach an additional sheet if necessary.)*

Student's Name: _____

Name of the person completing this form: _____

If necessary, the following information can be typed on a separate sheet but must address each of the questions below and have an ink signature:

1.How long have you known the student: _____

2.What is your relationship to the student: _____

3.Explain what you know of the student's current relationship/contact with his/her biological/adoptive parents and any relevant background information you have regarding the history that has led to the current circumstances:

4.To your knowledge, when is the last time the student had contact with his/her biological/adoptive mother: __ __ / __ __ __ __
Month Year

To your knowledge, when is the last time the student had contact with his/her biological/adoptive Father: __ __ / __ __ __ __
Month Year

Explain the nature of the contact:

5.Explain why you think the student is unable to provide information form a biological/adoptive parent:

By signing this statement, I certify under penalty of perjury that the information I have reported on this form is complete and accurate. I understand that purposely giving false or misleading information to qualify for federal student aid is a federal offense that can result in fines and/or incarceration.

Signature: _____ Date: _____

2026-2027 REFERENCE WORKSHEET FOR UNUSUAL CIRCUMSTANCE

This form should be **completed by a third-party professional** (counselor, therapist, minister, teacher, etc.) who has first-hand knowledge of the student's situation and who can corroborate and verify the circumstances that necessitate the student's application for an Unusual Circumstance. *(Make additional copies of this form as necessary. Attach an additional sheet if necessary.)*

Student's Name: _____

Name of the person completing this form: _____

If necessary, the following information can be typed on a separate sheet but must address each of the questions below and have an ink signature:

1.How long have you known the student: _____

2.What is your relationship to the student: _____

Please indicate where you work: _____

3.Explain what you know of the student's current relationship/contact with his/her biological/adoptive parents and any relevant background information you have regarding the history that has led to the current circumstances:

4.To your knowledge, when is the last time the student had contact with his/her biological/adoptive mother: ___ ___ / ___ ___ ___
Month Year

To your knowledge, when is the last time the student had contact with his/her biological/adoptive Father: ___ ___ / ___ ___ ___
Month Year

Explain the nature of the contact:

5.Explain why you think the student is unable to provide information form a biological/adoptive parent:

By signing this statement, I certify under penalty of perjury that the information I have reported on this form is complete and accurate. I understand that purposely giving false or misleading information to qualify for federal student aid is a federal offense that can result in fines and/or incarceration.

Signature: _____ Date: _____

REQUEST FOR DEPENDENCY STATUS CHANGE

Notes:

DECISION

Date Received: _____ Date Completed: _____ Decision Date: _____

_____ Approved

_____ Denied

ISIR Reprocessed: _____ By: _____

Director of Financial Aid Services

Date